

IN SUPPORT of SB24-054 Diabetes Prevention and Obesity Treatment Act:

My name is Erin Bammann. I am currently a physician in Occupational and Environmental Medicine Residency. I am writing to testify in support of passing the proposed bill SB24-054, Diabetes Prevention and Obesity Treatment Act.

This bill would ensure access to critical treatment and prevention of chronic disease that plagues our communities throughout the state of Colorado and throughout our country. Obesity is a chronic disease that impacts nearly half (42%) of the United States Population and nearly a quarter (23%) of Colorado's population. Obesity also independently increases a person's risk of developing additional chronic diseases that are costly to individuals as well as to our healthcare system.<sup>1-4</sup>

Obesity also disproportionately affects low-resource communities and minorities in the state of Colorado. Most recent data from the CDPHE demonstrates that obesity prevalence is about 10% higher in CO residents who identify as Black or Hispanic compared to CO residents who identify as White. Additionally, obesity prevalence is about 10% higher in CO residents who have a high school degree, GED, or less education compared to CO residents who graduated college.<sup>5</sup> Without the passage of this bill, we risk insurance denying coverage of medical treatment for obesity. Without the passage of this bill, we are systematically disadvantaging minority and low-resource communities instead of supporting them and striving for health equity.

Untreated obesity results in more costly and devastating consequences for individuals as well as for our healthcare system.<sup>6</sup> This bill would provide cost-saving measures for payers, reduce the burden of chronic disease in the state of Colorado, and ensure access to treatment for chronic disease for disadvantaged communities. The Diabetes Prevention and Obesity Treatment Act is a logical choice to ensure treatment of one chronic disease before it becomes many. I strongly encourage all members of the committee to vote yes.

Sincerely,  
Erin Bammann, MD

## References:

1. <https://www.nhlbi.nih.gov/health/overweight-and-obesity/causes>
2. [https://www.niddk.nih.gov/health-information/health-statistics/overweight-obesity#:~:text=More%20than%201%20in%203,9.2%25\)%20have%20severe%20obesity.](https://www.niddk.nih.gov/health-information/health-statistics/overweight-obesity#:~:text=More%20than%201%20in%203,9.2%25)%20have%20severe%20obesity.)
3. [https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CDPHEVISION/CDPHEVISION?%3Adisplay\\_count=n&%3Aembed=y&%3AisGuestRedirectFromVizportal=y&%3Aorigin=viz\\_share\\_link&%3AshowAppBanner=false&%3AshowVizHome=n](https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CDPHEVISION/CDPHEVISION?%3Adisplay_count=n&%3Aembed=y&%3AisGuestRedirectFromVizportal=y&%3Aorigin=viz_share_link&%3AshowAppBanner=false&%3AshowVizHome=n)
4. <https://www.cdc.gov/obesity/basics/consequences.html>
5. [https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CDPHEVISION/CDPHEVISION?%3Adisplay\\_count=n&%3Aembed=y&%3AisGuestRedirectFromVizportal=y&%3Aorigin=viz\\_share\\_link&%3AshowAppBanner=false&%3AshowVizHome=n](https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CDPHEVISION/CDPHEVISION?%3Adisplay_count=n&%3Aembed=y&%3AisGuestRedirectFromVizportal=y&%3Aorigin=viz_share_link&%3AshowAppBanner=false&%3AshowVizHome=n)
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Dear Committee Members,

I am writing to wholeheartedly express my support for SB-054-054 and to share my personal testimony regarding the crucial need for prescription weight loss medications, such as Wegovy and Zepbound, to be covered under health insurance plans.

As both a dedicated nurse and a patient who has personally experienced the transformative impact of these GLP-1 medications in managing chronic obesity, I am compelled to advocate for their accessibility to all who require them. Prescribed to me by a board-certified obesity medicine physician, Wegovy followed by Zepbound have been instrumental in my journey towards improved health and well-being.

Over the past 18 months, the combination of GLP-1 medications, along with a balanced diet and regular exercise, has enabled me to shed over 105 pounds. This significant weight loss has not only resulted in improvements to key health indicators such as blood pressure, cholesterol, and blood sugar levels but has also revitalized my energy levels and productivity, facilitating a more fulfilling life.

It is imperative that obesity be recognized and treated as the serious chronic illness that it is, deserving of equal attention and resources as any other medical condition. The decision of many employers and health insurance companies to deny coverage for prescription weight loss medications fails to acknowledge the complexities of obesity and undermines the efforts of individuals striving to manage their weight and improve their health.

While I understand the necessity of cost management, it is crucial to consider the long-term benefits of providing access to these medications. By supporting individuals in their weight loss journeys, we can mitigate the risk of obesity-related complications and ultimately reduce healthcare costs in the long run.

The discontinuation or lack of coverage for prescription weight loss medications place individuals like myself in a precarious position, forced to choose between financial hardship and compromising our health. I pay \$550 per month for Zepbound, and that is only because the drug manufacturer offers a co-pay card.

Thank you for considering my testimony and for your attention to this pressing matter. I urge you to support SB-054-054 and ensure that all individuals have access to the medications they need to combat obesity and improve their overall well-being.

Sincerely,

Christina Pagan, BSN, RN, AMB-BC

03/04/2024

I am a Patient of Dr. R Andrick D.O, for over a year,

My Name is Linda Haithcox

**Go to the Gym ever other day, and went to Qualified Nutritionist, Behavioral therapy, I've stayed at the mark of Prediabetes. And I make every doctor appointment with weight loss Doctor.**

I have been on every Anti-Obesity Medication on the market. The pills are not helping me, because my weight is study going up. And I back on high pressure pill again.

**My Doctor was Dr. Metz, was my Doctor for Gastric Bypass Surgery in 2/2018, and been checking my weight loss every month years, my weight has starting creeping back up in 2022. Some time I cannot stand for a long period of time. And my job is retail. I need to get back down to a comfortable weight for me which is 150 -160lbs. I felt better and did not have any issue, and they took me off High pressure pills, at this weight level of 150-160.**

I walk around Sloan Lake for 2.5 to 3 miles a day at one point change my eating habits to the point where I not reeling eating nothing but a sandwich and a salad, apples, banana, some kind of fruit with lot of water. This was not working and I seen no change, I was so tired that I got in a accident and I had to start doing 40 min a day still no change.

I do not eat out but maybe once a month, and it is 1 serving of Veggie or protein. I do not waste my hard earn money on eating fast food. And I do not drink Soda. Do not understand why my weight keeps going up.

When I can get off my butte and go in the kitchen to fix some food.

I so frustrated at this point, I do not know what to do. So can you please approve Diabetes prevention & Obesity Treatment Act Bill 24-054?

Linda Haithcox

Dear Legislators,

The Diabetes Prevention and Obesity Treatment Act is a real opportunity for Colorado to finally treat obesity as the chronic disease it is. Why has obesity treatment been carved out of insurance coverage? Because of weight bias and the old ideas that this is a lifestyle disease and people with obesity should just “eat less and move more” which most have tried many times. This bill would require comprehensive obesity treatment coverage including intensive behavioral counseling along with anti-obesity medication and bariatric surgery. This could change the lives of so many Coloradoans and help them prevent diseases like diabetes, heart disease, arthritis, depression, cancer and 200 more conditions if their weight can be meaningfully addressed.

I have struggled with weight management my entire life. Living with Hashimoto’s Thyroiditis and PCOS, along with a host of other medical issues, it does not seem to matter how well I eat or if I increase my activity level, the scale continues to go in the wrong direction. I was diagnosed with cancer in 2021 and am now in treatment induced menopause at the age of 32. Through treatment I was able to lose 80 lbs, however, in the year and a half since treatment ended and I have been dealing with treatment induced menopause on top of PCOS and thyroid issues, I have gained 60 lbs of that back. I have been eating healthier and been more active than I have ever been, but it does not seem to matter. I am also on nearly every medication normally prescribed by doctors for weight loss management for other medical purposes, and they have not helped. I have spoken to every doctor on my team, and they all tell me it is essentially hopeless at this point, the only tool I had not tried was the weight loss drug class of GLP-1 antagonists, as my insurance would not cover them for weight loss. I have been a fighter and survivor my entire life, managing and beating the number of medical issues I have been dealt, I do not want to have to also have to worry about my increased risk of the many other medical conditions I could develop due to side effects I have no control over, especially when there is a treatment available that could not only prevent future medical conditions and costs, but also decrease my current medical symptoms and increase my quality of life.

I strongly support Senate Bill 24-054 to require coverage for comprehensive obesity treatments. I appreciate your consideration of voting YES for this bill.

Thank you,

Laura Korth

To the honorable members of the committee:

I have struggled with obesity almost all my life in spite of making efforts to control my weight. It's only when I have sought treatment through specialized weight loss clinics and physicians that I have achieved any success in my efforts. I was diagnosed with Type II Diabetes and have managed to lose enough weight to no longer suffer from that diagnosis. I would not have been able to do that without the rather expensive medications and treatment that I was able to receive thanks to my expensive private insurance coverage.

Many people do not have the privilege of having this type of insurance and cannot afford proper and appropriate medical treatment for their obesity which they have fought and suffered from all their lives as I have. This only leads to much more expensive and debilitating medical conditions which drastically impacts their quality of life, ability to work, and take care of their families, throwing them into a situation of being dependent on public assistance. The Diabetes Prevention and Obesity Treatment Act would help so many people not fall into this circumstance, improving the lives and economic situation of many citizens of the state of Colorado.

I urge you to support this act for the benefit of all citizens in our state.

To Whom It May Concern:

I have a wide variety of complicated health issues that impact one another: diabetes, gastroparesis, fibromyalgia, Ehler-Danlos Syndrome, sleep apnea, morbid obesity, heart issues and breathing difficulties (asthma), all of which are likely to be impacted positively by a Roux-en-Y procedure.

The first is that I am obese and diabetic and it is genetic because you can look at pictures of my paternal grandmother and me, and basically, our bodies are the same. My maternal grandmother was a borderline diabetic, as well. I had lost 120 lbs cumulatively over the past three years and was working on losing more. I got the diagnosis of gastroparesis and started putting weight on gangbusters. I am hyper-absorbing all nutrients in food because of the slowness of my gut. I have consulted a nutritionist at Weigh to Wellness, and am changing my food habits to better ones and have managed to lose 15 lbs of the 65 gained in the past eight months and slow the creeping weight.

The other most significant issue is the damage to my vagus nerve from long-term diabetes, which has affected both my gastroenterologic system and my heart, creating severe gastroparesis and supra-ventricular tachycardia (SVT). While I have typically kept my HBA1C under 7, the nerve damage has been wreaking havoc with my gastroenterological health, basically causing me to throw up and start up with heart issues from throwing up. I have had five episodes from November, 2022 to present, where I collapse and get rushed to the hospital from vomiting and diarrhea, which eventually, also likely caused my SVT, supra-ventricular tachycardia, per my cardiologist, from prep for a colonoscopy, January 31. I did not get the colonoscopy on the scheduled date because my heart beat would not drop below 177 and I wasn't able to bear down after colonoscopy prep for a vagus procedure, forcing me to receive a medication that stopped my heart and allowed it to restart. Thankfully, I did not need resuscitation. My cardiologist has stated that my heart health would very likely improve drastically with bariatric surgery. Additionally, so have most of my doctors. My cardiologist feels that a Roux-en-Y would be essential to me obtaining a weight loss that would mean my heart was no longer straining to contend with my big body and my SVT would likely require less medication and remediation. (Additionally, most things put me out of breath, which sets me into SVT frequently, which is dangerous.) Research on patients who have received this surgery backs this up.

Additionally, almost all weight loss medications used for sugar control in diabetes (trulicity, ozempic, etc.) are also contraindicated, due to gastroparesis, which makes my HBA1C a difficult and moving target, which means I am looking at continued nerve damage, if I cannot get bariatric surgery. Medicating me to keep my nausea under control remains very challenging because most of the anti-nausea medications also adversely affect my heart and many are narcotics. I have been in the ER seven times this past year (Mid-November 2022 to December 27, 2023) for gastroparesis flares, and once for SVT. I've been hospitalized three times for the gastroparesis from the ER because I experienced severe dehydration and issues related to that.

Unfortunately, I am not able to take reglan for gastroparesis because one of my most effective pain medications for fibromyalgia, cymbalta, contraindicates use with reglan. Finally, domperidone (a medication only available through Canadian pharmacies) and erythromycin, the only other two medications for gastroparesis, are contraindicated with my heart condition. My gastroenterologists and cardiac doctors have expressed concern that I could cause further damage to my heart by use of the gastroparesis medications, which is already at tremendous risk because of my type 2 diabetes. I am trying to get a prescription for Tigan for gastroparesis, but it is difficult to obtain and has limited success.

When I consulted with Dr. Hammad, a surgical gastroenterologist, he said that the only thing he could offer is a probe laparoscopic surgery, which would be questionable in its efficacy and that a Roux and Y surgery will completely correct my gastroparesis. Because I have a tough time going under anesthesia, due to my weight and Ehler-Danlos Syndrome, undergoing a procedure that "might" help with gastroparesis (and has little research supporting its efficacy) versus one that definitely would, was not advised by my gastroenterologist, Dr. Hammad, as a result.

I have also been dealing with urinary and colonic incontinence. Basically, if I stand up with a full bladder, all that weight on my bladder forces me to leak. I've been wearing incontinence pads for years now, as a result, which is disgusting and humiliating. I

My fibromyalgia pain has gone through the roof with the extra weight gained this year. I feel perfectly awful, to be honest. That pain, along with the breathlessness and exhaustion that has come with SVT, has made exercising very difficult, as I am often spiraling into an SVT episode with each time that I am out of breath. Additionally, some positions in bed make me unable to breathe, and even something as simple as putting my arms up over my head for a recent cat scan cut off my airway. I also have a hard time putting my hair up because I cut off my own breathing. I was recently evaluated and put on oxygen 24/7, due to my weight. I've managed to lose some of the weight I've put on with gastroparesis, but with the need for oxygen, exercise is difficult.

Without this surgery, I fully expect I will not live to 70. I am begging you to PLEASE allow me to obtain this surgery without delay because it will literally save my life. Thank you for your consideration.

Sincerely,

Wendy L. Schreiber

## *Trusted Therapy*



March 6, 2024

Dear Madam Chair,

Thank you for this opportunity to support of Senate Bill 24 54. I am a licensed psychologist and certified eating disorder specialist and supervisor through the International Association of Eating Disorder Professionals. I have been working with individuals struggling with eating disorders for the past 20 years. I have worked with pediatrics and adults and in all different as an advocate for my patients to ask for parity in coverage for care of obesity.

Obesity is disease that impacts millions of people in the United States. The eating disorder community has worked hard to get parity coverage for diseases such as anorexia and bulimia, but how come we don't support binge eating disorder, emotional eating, and overeating conditions in the same way? It is even more concerning to me that we approve bariatric surgery without addressing the physical or emotional reasons behind the weight gain. This is likely why so many people are unable to maintain weight loss following bariatric surgery.

When a patient is significantly underweight and it is contributing to medical concerns (hypotension, bradycardia, etc) we are able to prescribe them medications, such as Remeron and Seroquel, that will help to increase a patient's appetite/weight. These medications are typically covered by insurance companies. So, if we know medications such as Ozypic, can help to decrease appetite, decrease cravings, and stabilize blood sugar; why are insurance companies not covering these medications in the same way they are for other chronic weight related conditions? The FDA has already approved Vyvanse to treat binge eating disorder, which is a common cause of obesity, but rarely will insurance companies pay for this medication.

Some eating disorder professionals are concerned that prescribing patients' anti-obesity medications will cause eating disorders. I have not seen any evidence of this occurring any more frequently than when we use Remeron or an anti-psychotic or mood stabilizer to help increase a patient's appetite/weight. In my experience patient's who are able to take anti-obesity medications are able to experience fullness and hunger for the first time in their lives. We need to first stabilize someone's appetite before we can begin helping them learn intuitive eating skills.

Utilizing a multidisciplinary team to address all weight management/eating disorders is the most effective way to treat these conditions. Treatment is most effective when it incorporates a dietician, physician, psychologist, and other professionals (chef, physical therapists, etc). If you want to continue putting a "band-aid" on the obesity problem, continue only approving quick fixes, like bariatric surgeries, that do not have substantial long term health benefits.

Having insurance companies be accountable to treating patients fairly, without judgment around their weight, would encourage more patients to seek treatment for obesity. Allowing the same options for treatment (medications, behavioral health, nutrition, etc) for someone struggling with obesity just as we would for someone struggling with anorexia and low body mass index, demonstrates consistency and non-judgmental treatment.

My patients deserve to receive treatment for all of their weight related conditions. It is not okay for us to continue to provide a level of care for individuals who are underweight that is not also provided for those struggling with excess weight. Both of these conditions lend themselves to multiple medical and psychological difficulties that also cost society money.

Sincerely,



Tonya McFarland, PsyD, LP, CEDS-S

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Dear Legislators,

The Diabetes Prevention and Obesity Treatment Act is a real opportunity for Colorado to finally treat obesity as the chronic disease it is. Why has obesity treatment been carved out of insurance coverage? Because of weight bias and the old ideas that this is a lifestyle disease and people with obesity should just "eat less and move more" which most have tried many times. This bill would require comprehensive obesity treatment coverage including intensive behavioral counseling along with anti-obesity medication and bariatric surgery. This could change the lives of so many Coloradoans with overweight and obesity and help them prevent diseases like diabetes, heart disease, arthritis, depression, cancer and 200 more conditions if their weight can be meaningfully addressed.

I am a Physician Assistant and have been working in Nutrition and Obesity Management medicine for 4 years. Prior to that I worked in pediatrics for about 20 years and, unfortunately, dealt with obesity in that practice as well. My patients have a wide variety of challenges, co-morbid diseases, psychosocial and weight bias challenges, and an overall desire to improve their health and quality of life. I work at Weigh to Wellness, a practice that emphasizes nutrition (we have 2 full-time dietitians), lifestyle changes such as increasing activity, addressing health issues such as hypercholesterolemia and diabetes/pre-diabetes/insulin resistance, treating nutritional deficits with supplements, and anti-obesity medications.

Our practice has a large volume of Medicaid and Medicare patients, in addition to patients with private insurance. We are one of the only practices that offer targeted nutrition programs as well as medical management for folks with Medicaid and Medicare in the state. Most practices are private-pay or only accept commercial insurance. This population is incredibly vulnerable and often will just "give-up" on treating their obesity-related health concerns due to a lack of services and, quite frankly, lack of concern in the community, especially the regulatory community.

Obesity is a disease. Patients deserve medications that can help them to overcome their obesity. Resolving obesity is an important factor in resolving/preventing numerous diseases including hypertension, diabetes, coronary artery disease, fatty liver disease, and many more. The medications to treat comorbid diseases are covered, so the medications to treat obesity should be covered as well and may even make the other medications unnecessary in many cases. Lifestyle changes and nutrition changes are not enough to solve this obesity epidemic.

I strongly support Senate Bill 24-054 to require coverage for comprehensive obesity treatments. I appreciate your consideration of voting YES for this bill.

Thank you,

Carrie Davis Oss, PA-C

Testimony on Senate Bill 24-054:  
Supporting the Diabetes Prevention & Obesity Treatment Act

Cassie Littler, MD, FAAP  
February 15, 2024

Madame Chair and Committee Members,

As a healthcare provider with a focus on prevention and early intervention, I fully support Senate Bill 24-054. This bill is crucial for proactive healthcare, disease prevention, and reducing long-term healthcare costs related to obesity. The once weekly anti-obesity drug semaglutide has been a life-saving miracle for me personally as a patient with chronic obesity. It has significantly improved my health and can help prevent conditions like heart disease, stroke, and diabetes.

Over the past 16 months, I have successfully shed 70 pounds through the assistance of the anti-obesity drug semaglutide combined with intensive lifestyle modifications supported by my healthcare team. I opted to utilize this new anti-obesity medication due to my concerns about developing type II diabetes. My hemoglobin A1C, which serves as an indicator of my average blood sugar level, had been steadily increasing over the past few years, placing me in the pre-diabetes range. Furthermore, I had started receiving diagnoses for additional and costly coexisting conditions such as obstructive sleep apnea, which necessitated the use of CPAP for sleep, hypothyroidism, fatty liver disease, gallbladder disease, and hypertension.

All of this was deeply troubling since, as a medical professional, I am aware that these chronic illnesses would require me to take multiple long-term medications and incur significant expenses for both the healthcare system and myself in terms of out-of-pocket healthcare costs. It was even more worrying that my mother passed away from heart failure five years ago, and my father suffered a stroke caused by hypertension and heart disease four years before I embarked on my weight loss journey. Additionally, my brother lost his life two years ago due to medical complications associated with type II diabetes. All in all, I recognized the need for a change, but despite attempting various diet and exercise trends over the years, I had no tangible results to display. Moreover, I struggled with persistent sugar cravings that often led to emotional eating.

Semaglutide has transformed my relationship with food, enabling me to prioritize nutrition over emotional eating. The weight loss I have experienced has not only been a blessing for my energy levels but has also opened up new opportunities for physical activity. Previously, simple tasks such as tying my shoes would leave me breathless, but now I am able to participate in Pilates sessions twice a week, engage in weightlifting three times a week, and utilize the Peloton bike for three workouts a week. Additionally, I walk to and from work every day without difficulty and effortlessly ascend multiple flights of stairs throughout the day. This newfound energy allows me to work long hours in the clinic, advocating passionately for my patients and families to receive the highest quality of care. I now feel like a true role model for health and well-being.

In conclusion, I urge you to support Senate Bill 24-054 and its mission to provide medications for diabetes prevention. By acting now, we can make a significant difference in the lives of our constituents and work towards a healthier future for Colorado.

## Remarks H&H Services Committee meeting 2/15/24

Hello, my name is Rebecca Andrick and I was trained in family medicine here at P/SL. I am also board certified in obesity medicine and have been doing nutrition and weight management for the last 15 years. I have a private practice, Weigh to Wellness Denver where we accept most commercial insurance plans as well as Medicare and Medicaid. I am here on behalf of my patients and the multitude of Coloradoans with overweight or obesity who are without access to comprehensive obesity treatment. I thank you for allowing me to speak today.

The American Medical Association declared obesity to be a complex, multi-factorial chronic disease over 10 yrs ago in 2013. In our healthcare system, this has not been recognized. Old ideas of obesity being a lifestyle disease and problem of willpower still dominate. Commercial insurers allow employers to 'carve out' obesity when they are obtaining coverage for their employees. They get to choose whether their employees have coverage for nutrition and behavioral therapy, anti-obesity medications and bariatric surgery. This is not done for heart disease or diabetes or any other chronic disease. Does it sound unfair? It certainly is!

Colorado Medicaid will cover patient visits with me but they only cover 1 dietician visit a year for obesity. Bariatric surgery is covered with rigorous criteria including 6 consecutive months of medical weight management prior to being approved. Medicaid does not cover any anti-obesity medications even those that are generic and cost \$10-20 a month retail. When I have asked HCPF about why Medicaid won't cover anti-obesity medications, I have been told they follow Medicare rules and it isn't possible. However, there are 14 other states whose Medicaid programs cover anti-obesity medications. This is a health equity issue also as people with lower socioeconomic status, such as those utilizing Colorado Medicaid, as well as minorities are disproportionately affected by obesity.

The number one argument I hear about coverage of obesity treatments is the cost. Obesity is associated with over 200 other costly medical conditions including diabetes, hypertension, heart disease, depression, sleep apnea, osteoarthritis and 13 types of cancer. Treating the obesity first and preventing or improving these other medical conditions can save the state money in the longer term.

In the fall of 2022, Colorado began covering anti-obesity medications for our state employees so it can be done here. Senate Bill 24-054 would give Coloradoans with overweight and obesity the opportunity to improve their health and quality of life in a meaningful way with comprehensive coverage of their treatment.

I appreciate your time and your careful consideration of this bill.



## Testimony: SB24-054 Diabetes Prevention & Obesity Treatment Act

Good afternoon. My name is Dr. Erin Harrop. I am a licensed medical social worker, eating disorder therapist, Assistant Professor at the University of Denver, and a member of the Experts By Experience Advisory Committee of Mental Health Colorado. I wish to thank the bill's sponsors for their efforts on this important bill. Today I testify in an amend position.

This bill focuses on weight loss surgeries and medications—both fairly controversial, highly profitable interventions, with a limited research base. Currently the longest trial of GLP1-agonist drugs, like Ozempic, currently sits at only 2 years of follow up data. We simply don't have the research on long-term use yet. Like the opioid epidemic, the pharmaceutical industry stands to make huge profits BEFORE THE LONGTERM STUDIES ARE EVEN COMPLETED as desperate patients, and well-meaning providers seek solutions. With this in mind, we propose the following:

First, since the purpose of this bill is to enhance the health of people with obesity, I hope to see other non-weight loss-focused treatments included as alternatives for patients for whom weight loss may be contra indicated. For example, two recent systematic reviews showed that non-weight loss interventions (e.g., Health at Every Size® interventions) reduced disordered eating, increased physical activity, and increased mental health outcomes for larger individuals, with some positively impacting cardiometabolic outcomes as well. An amendment mandating that these alternative treatments be explained to patients during informed consent processes for weight loss treatments, and that these treatments be covered at a commensurate level as weight-loss treatments, would be a positive step towards patient autonomy and informed consent.

Second, we recommend that language be added to the bill that would prohibit the implementation of "stepped care" policies requiring patients to get these interventions prior to receiving healthcare. While we believe in all patients' body sovereignty and right to choose their own courses of treatment, no patient should be required to lose weight prior to receiving healthcare—particularly when the evidence base for such weight-loss interventions is not ideal. We are deeply concerned this could become an unintended consequence of the bill's passing, as there are many examples of higher weight patients being forced to attempt weight loss prior to receiving healthcare (e.g. fertility treatments, orthopedic surgeries, gender affirming care). As these treatments become more widespread, stepped care policies could be used to gate-keep other treatments. We wish to anticipate these potential consequences by ensuring language in the bill is forward-thinking.

Third, when screening for contra-indications, we recommend patients receive an eating disorder assessment by an eating disorder specialist or clinician. Most medical providers have not been trained to identify eating disorders in larger patients (see my article in the *American Medical Association Journal of Ethics*), and the brief screenings suggested by the current language in this bill would be unlikely to identify these crucial illnesses.

As surgeries and medications like this continue to gain popularity, bills like this will become commonplace. Colorado is posed to be a national leader in this regard; we hope to encourage our state's focus on the health of larger-bodied people while also doing this legislation thoughtfully and proactively so that the rights, health, and autonomy of larger people are adequately protected.



Dear Legislators,

The Diabetes Prevention and Obesity Treatment Act is a real opportunity for Colorado to finally treat obesity as the chronic disease it is. Why has obesity treatment been carved out of insurance coverage? Because of weight bias and the old ideas that this is a lifestyle disease and people with obesity should just “eat less and move more” which most have tried many times. This bill would require comprehensive obesity treatment coverage including intensive behavioral counseling along with anti-obesity medication and bariatric surgery. This could change the lives of so many Coloradoans with obesity & help them prevent diseases like diabetes, heart disease, arthritis, depression, cancer & 200 more conditions if our weight can be meaningfully addressed.

I succeeded in dieting & exercising to my highest weight by July 2023. I worked with a general practitioner to start medication & was denied by insurance for not demonstrating a need. I did not meet the criteria for medication which included a BMI over 26% (I had a BMI of 42.6%), demonstrated efforts at weight loss (ignoring years of various diets & exercise programs), or elevated numbers on blood work (which I had). In my appeal, Cigna held up the decision. I started with a weight loss clinic in Sept 2023, once again trying just diet & exercise with the support of the clinic. Three more months of no progress using calorie counting, working with a personal trainer, & counseling showed me I needed to try for medication again. Without the support of my medical team, I would still be stuck in the same cycle of dieting my way to a higher weight.

I was approved for medication in Dec 2023 by insurance & began to see movement on the scale & betterment of my mental well-being. With the coverage I have under the premiums I pay, I am able to afford it. If I did not have coverage, I would be in the same spot I was then. Being overweight or obese is not a luxury. It is a disease & a burden with limitless additional effects on a person’s health. Being able to treat, at a reasonable cost, what doctors tell me is the cause of all my medical conditions (depression, anxiety, chronic illness, sleep apnea, joint swelling) is life changing.

I experienced weight loss (FINALLY!) with the help of Zepbound for three months until the medication shortages began. I, like thousands of others, have not been able to find any dosage in stock at any pharmacy in the Denver metro area for the last 6 weeks. Colorado is not alone. The shortages hinder progress that so many of us have worked hard for. Without being able to consistently have access to medication, I have gained some weight back. Because of the shortage, I will have to fight for the right to start it again with insurance coverage when the manufacturer comes back to market with supply.

I strongly support Senate Bill 24-054 to require coverage for comprehensive obesity treatments. I appreciate your consideration of voting YES for this bill.

Thank you,

Jordan Kolkman

Senate Health & Human Services  
 02/15/2024 01:30 PM  
 SB24-054 Diabetes Prevention & Obesity Treatment Act  
 Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Tony Forsberg For himself	<p>Dear Senator Michaelson Jenet,</p> <p>I am providing this testimony to request your support for Senate Bill 24-054 which will require private insurance companies to provide coverage for the treatment of pre-diabetes and obesity.</p> <p>As a 58-year-old man with a history of obesity and type II diabetes with multiple family members, I have experienced firsthand the detrimental health and emotional effects associated with this chronic condition. For years, the prevailing belief was that obesity resulted from a lack of willpower or generalized laziness. However, the medical community now recognizes obesity as a chronic illness with severe health consequences.</p> <p>My personal history reflects the transformative impact of the medication Tierzepitide under the brand name Mounjaro, which I began taking through weekly injections 17 months ago. The results have been profound, as evidenced by my cardiometabolic health measures before and after starting the treatment:</p> <p>Before medication</p> <ul style="list-style-type: none"> <li>• Weight: 240lb</li> <li>• Body Fat Mass: 89.1 lbs.</li> <li>• Body Fat %: 39.1</li> <li>• Dry Lean Mass: 138.2</li> </ul> <p>Further markers of blood glucose and estimated average glucose indicate metabolic disorder, sometimes referred to as pre-diabetes and cardiac markers and cholesterol and triglycerides demonstrated significant cardiac risk.</p> <p>After Medication</p> <ul style="list-style-type: none"> <li>• Weight: 174.9</li> <li>• Body Fat Mass: 37.4 lbs.</li> <li>• Body Fat %: 20.6</li> <li>• Dry Lean Mass: 143.7</li> </ul> <p>My blood glucose and A1C are now well within normal limits and my cholesterol and triglycerides no longer indicate greater than average risk for cardiac events.</p> <p>These positive changes have significantly reduced my risk of early death, metabolic disorders, and diabetes. My joints no longer ache, and I have successfully adopted healthier eating and exercise habits.</p>

<p>Joanna Kriehn Amend themselves</p>	<p>I am writing today to encourage you to include Medical Nutrition Therapy (MNT) as part of the Diabetes Prevention and Obesity Treatment Act (SB24-054).</p> <p>MNT is a nutrition-based treatment provided by a registered dietitian nutritionist. It is an adjunct therapy to intensive behavioral therapy and is beneficial, especially for medically complex patients. Registered dietitian nutritionists are recognized medical professionals with the clinical training and expertise to translate relevant science and medical information into action for their patients. As a registered dietitian nutritionist and diabetes educator working in primary care in rural southwest Colorado, I work with many patients who would benefit from the passage of this bill. Over my 20+ years in practice, I have seen firsthand the possible weight loss and health enhancement when working alongside a registered dietitian nutritionist.</p> <p>Including MNT in this bill would allow greater access to evidence-based nutrition and lifestyle counseling for individuals who cannot afford to pay for this service. Currently, underserved groups have limited access to registered dietitian nutritionists and yet these are the groups needing it most. In fact, research shows that MNT helps people lose weight and manage blood sugar. MNT has been proven to reduce average 3-month blood sugar or HgA1C by 0.3-1%.</p> <p>As affordable health care becomes more out of reach for many individuals, families, and communities, this bill and the inclusion of MNT are more important than ever.</p> <p>In good health, Joanna</p> <p>Joanna Kriehn, MS RDN CDCES</p>
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